

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030092

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8084

STATE FILE NUMBER

63-030092

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

3 yr 5 mo

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Masonic Home of Mo.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

MO.

b. COUNTY

Jefferson

admission)

c. CITY
OR
TOWN

Desoto

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

608 N. 3rd

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Anna

Middle

Maud

Last

Jadwin

4. DATE
OF
DEATH

Month

August

Day

Year

7, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/25/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Louisville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

B. F. Jones

13b. MOTHER'S MAIDEN NAME

Lenora Eveland

14. NAME OF HUSBAND OR WIFE

Lucian Jadwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Masonic Home of Mo.
5351 Delmar Blvd

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA of Cervix with metastasis

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/5/60

to 8/7/63

and last saw her alive on 8/7/63

Death occurred at

10:19 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Salem, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 8 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

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86

AUG 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Henry E. Monroe

Licensed Embalmer No. 4495

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.